



Southeastern Claims Service
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Columbia, South Carolina
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www.scs-irfireporting.com

If You Are Involved In An Accident Please Follow These Instructions

Auto Loss Form

Date: _____ Time: _____ County: _____

Location of Accident:

Street Name _____

City _____ State _____

Closest to what intersection or landmark _____

-Unit 1 (Your Vehicle)

Driver's Full Name _____

Address _____

City _____ State _____ Zip _____

Home Number _____ Work Number _____

Your Supervisor _____ Telephone _____

Vehicle Yr _____ Make _____ Model _____

License Number _____

-Unit 2 (Their Vehicle)

Driver's Full Name _____

Address _____

City _____ State _____ Zip _____

Home Number _____ Work Number _____

Cell Number _____ Birth Date _____

Driver's License Number _____ State _____

Owner's Full Name _____

Address _____

City _____ State _____ Zip _____

Home Number _____ Cell Number _____

Vehicle Yr _____ Make _____ Model _____

License Number _____ State _____

Insurance Company _____

Witness Name _____

Telephone _____ Address _____

What To Do If You Are Involved In An Accident.

- 1.**  **Stop Immediately.**
But do not obstruct traffic.
- 2.**  **Be sure you are okay.**
Then, assist the injured.
- 3.**  **Call, or have someone call police, or 911.**
Repeat after 5 minutes.
- 4.**  **Get the names, phone numbers and addresses of other drivers, witnesses and injured persons. Complete the form on reverse side.**
- 5.**  **Do not accept any settlements at the scene of an accident.**
- 6.**  **Remain calm, courteous and consistent in your version of the accident.**
- 7.**  **Notify your dispatcher, the IRF/SCS by calling 1-800-206-1913 immediately.**